



243082

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0005 9028 9433

Rogate Saugert II CAC

Postage	\$ 6.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.70
Restricted Delivery Fee (Endorsement Required)	
Total	10.85

Postmark: CHICAGO, IL JUL 11 2001

Sent: NAN BERNARDO, ESQ.
 Street or PO: BASF CORPORATION
 City: 3000 CONTINENTAL DR NORTH
 MT. OLIVE, NJ 07828-1234

PS Form 3811, March 2001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NAN BERNARDO, ESQ.
 BASF CORPORATION
 3000 CONTINENTAL DR NORTH
 MT. OLIVE, NJ 07828-1234

2. Article Number *7001 0320 0005 9028 9433*
 (Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

*Saugert II Rogate**SR6J***COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Sargent Exp. Ltr SP6-I Jerry

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

CHICAGO IL LOOP STA
 NOV 29 2002
 USPS

BLUE TEE CORPORATION
 c/o TERRANCE GILEO FAYE, ESQUIRE
 BABST CALLAND CLEMENTS & ZOMNIR P.C.
 1 N MAPLE AVE
 GREENSBURG PA 15601

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BLUE TEE CORPORATION
 c/o TERRANCE GILEO FAYE, ESQUIRE
 BABST CALLAND CLEMENTS & ZOMNIR P.C.
 1 N MAPLE AVE
 GREENSBURG PA 15601

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *X Pam Salandro* B. Date of Delivery *12-2-02*
- C. Signature *X Pam Salandro* ☒ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, give address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

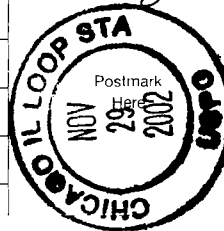
7099 3400 0000 9591 8952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Young SR-6 J Ext. letter Saugus

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



N	BROWNING-FERRIS INDUSTRIES INC	
S	& BFI WASTE SYSTEMS OF NORTH AMERICA INC	
C	c/o THOMAS A RYAN	
	LATHROP & GAGE	
	2345 GRAND BLVD SUITE 2800	
	KANSAS CITY MO 64108	

PS

for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Sauget Ept Ltr. Young Sh 6 T

Postage \$

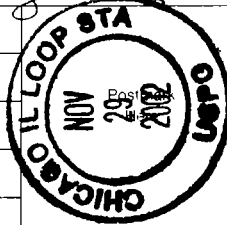
Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Fees \$

N. CERRO COPPER PRODUCTS
Si RICHARD F RICCI ESQUIRE
C LOWENSTEIN SANDLER
65 LIVINGSTON AVE
ROSELAND NJ 07068-1791



7099 3400 0000 9591 8921

PS

for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *Sauget Exp. Str. Jany SR-6 J*

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

CHICAGO IL LOOP STA
NOV 29 2002
USPO

7099 3400 0000 9591 9010

CHEMICAL WASTE MANAGEMENT INC
c/o WINSTON & STRAWN
35 W WACKER DR
CHICAGO IL 60601-9703

for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery <i>12-04-02</i>	
1. Article Addressed to: CHEMICAL WASTE MANAGEMENT INC c/o WINSTON & STRAWN 35 W WACKER DR CHICAGO IL 60601-9703		C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <i>7099 3400 0000 9591 9010</i>			

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Sauger Exp Ltr SL

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name

DENNIS CHEMICAL CO INC DENNIS CHEM.
c/o EUGENE P SCHMITTGENS JR ESQUIRE
GREENSFELDER HEMKER GALE PC

Street

2000 EQUITABLE BLDG

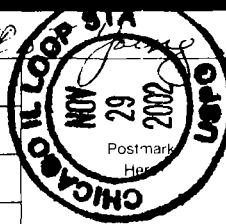
City, St

10 N BROADWAY
ST LOUIS MO 63102

PS Form

DENNIS CHEMICAL CO INC

Instructions



7099 3400 0000 9591 8891

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DENNIS CHEMICAL CO INC
c/o EUGENE P SCHMITTGENS JR ESQUIRE
GREENSFELDER HEMKER GALE PC
2000 EQUITABLE BLDG
10 N BROADWAY
ST LOUIS MO 63102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Rachael Shawmaker - *12 502*

C. Signature

**Rachael Shawmaker*

☒ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0000 9591 8891

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Sauger Exp Ltr

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *Sargent Ext. Ltr SL65*

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Name: ETHYL CORPORATION
 Street: DAVID O LEDBETTER ESQUIRE
 City: HUNTON & WILLIAMS
 City: 951 E BYRD ST
 City: RICHMOND VA 23219

PS Instructions

7099 3400 0000 9591 8839

CHICAGO IL LOUP 67A
 NOV 9 2002
 Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>[Signature]</i> B. Date of Delivery <i>[Signature]</i></p> <p>C. Signature <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ETHYL CORPORATION DAVID O LEDBETTER ESQUIRE HUNTON & WILLIAMS 951 E BYRD ST RICHMOND VA 23219</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7099 3400 0000 9591 8839</i></p>	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

Sargent Ext. Ltr

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9591 8808

Article Sent To:

August Ed Ltr SL6J Young

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total P

Name (f

Street, A

City, St

EXXON MOBILE
 c/o CRAIG H ZIMMERMAN ESQUIRE
 MCDERMOTT WILL & EMERY
 227 W MONROE ST
 CHICAGO IL 60606-5096



PS Form

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EXXON MOBILE
 c/o CRAIG H ZIMMERMAN ESQUIRE
 MCDERMOTT WILL & EMERY
 227 W MONROE ST
 CHICAGO IL 60606-5096

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Craig Zimmerman

B. Date of Delivery

12/02/02

C. Signature

[Signature]

☐ Agent

☒ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0000 9591 8808

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

August Ed Ltr

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
SR63 Young Saugset Exp JH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

KERR-MCGEE CHEMICAL LLC
 JON A SANTANGELO ESQUIRE
 STINSON MORRISON HECKER LLP
 100 S FOURTH ST
 ST LOUIS MO 63102-1823

CHICAGO IL LOOP STA
 NOV 29 2002

See for Instructions

7099 3400 0000 9591 8778

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>KERR-MCGEE CHEMICAL LLC JON A SANTANGELO ESQUIRE STINSON MORRISON HECKER LLP 100 S FOURTH ST ST LOUIS MO 63102-1823</p> <p>2. Article Number (Transfer from service label) <i>70993400000095918778</i></p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>12 2002</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

Saugset Exp JH

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9591 8747

Article Sent To:

Sauget Opt. for SR6 I just

Postage \$

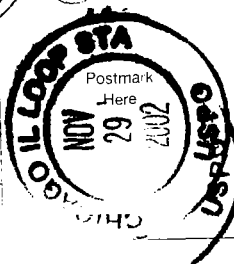
Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

No NORFOLK SOUTHERN
 St c/o STEPHEN G JEFFERY ESQUIRE
 Ct THOMPSON COBURN LLP
 PS ONE U S BANK PLAZA
 ST LOUIS MO 63101



or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NORFOLK SOUTHERN
 c/o STEPHEN G JEFFERY ESQUIRE
 THOMPSON COBURN LLP
 ONE U S BANK PLAZA
 ST LOUIS MO 63101

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

[Signature]

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0000 9591 8747

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Sauget Opt. for SR6 I just

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Young Saugat Etc. Ltr SL-6J

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total \$



To: **PILLSBURY COMPANY**
 c/o GARY P GENDEL
 St **MORGAN LEWIS & BOCKIUS**
 Ci **502 CARNEGIE CENTER**
PRINCETON NJ 08540

PS

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PILLSBURY COMPANY
 c/o GARY P GENDEL
MORGAN LEWIS & BOCKIUS
502 CARNEGIE CENTER
PRINCETON NJ 08540

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *T. Harney*

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

T. Harney

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0000 9591 9041

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Saugat Etc. Ltr

DEC 02 2002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: SLB.I Young Exp. Ltr.

Postage \$ _____

Certified Fee _____

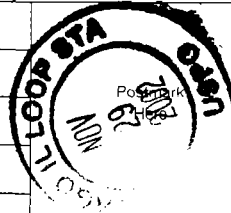
Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

To: **ROGERS CARTAGE COMPANY**
c/o ROBERT SCHULTZ ESQUIRE
SCHULTZ & LITTLE LLP
640 CEPI DR SUITE A
CHESTERFIELD MO 63005-1221

PS Form 3811, March 2001

7099 3400 0000 9591 8716



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <u>L. G. Gifford</u> B. Date of Delivery <u>12-2</u></p>	
<p>1. Article Addressed to:</p> <p>ROGERS CARTAGE COMPANY c/o ROBERT SCHULTZ ESQUIRE SCHULTZ & LITTLE LLP 640 CEPI DR SUITE A CHESTERFIELD MO 63005-1221</p>		<p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label) <u>70 99 3400 0000 9591 8716</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, March 2001</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Schultz Exp. Ltr.

102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Young SR-6 I Sauguet Extension

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark:
 CHICAGO IL LOOP STA
 NOV 29 2002

Name: MR. PAUL SAUGET
 Street: SAUGET & CO.
 City: c/o COOK, YSURSA, BARTHOLOMEW ET.AL
 12 W LINCOLN ST
 BELLEVILLE IL 62220-2085

PS Form 3811, March 2001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>12-2-02</i></p> <p>C. Signature <i>X C. Vost</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>MR. PAUL SAUGET SAUGET & CO. c/o COOK, YSURSA, BARTHOLOMEW ET.AL 12 W LINCOLN ST BELLEVILLE IL 62220-2085</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>709934000095919102</i> (Transfer from service label)</p>	

PS Form 3811, March 2001

Domestic Return Receipt

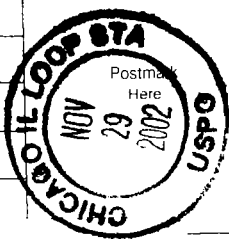
102595-01-M-1424

Sauget Ext SR-6 I Court

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Young Sang, Est. Htr SR-6 J

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here


Name VILLAGE OF SAUGET
 Street c/o DANIEL J. HAYES
 City, 3540 N BELT WEST SUITE A
 BELLEVILLE IL 62226

PS F Instructions

7099 3400 0000 9593 9072

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <i>Dawn C Reuter</i> B. Date of Delivery <i>12-2-02</i></p> <p>C. Signature <i>Dawn C Reuter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>VILLAGE OF SAUGET c/o DANIEL J. HAYES 3540 N BELT WEST SUITE A BELLEVILLE IL 62226</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Art (Tre)</p> <p>PS Fc</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

CHICAGO IL LOOP STA
 NOV 29 2002

Name: KIMBERLY THORSTADT
 Street: CARGILL, INC.
 City: 15407 MCGINTY RD. WEST MAIL STOP #24
 WAYZATA MN 55391-2399

PS Form 3811, March 2001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KIMBERLY THORSTADT
 CARGILL, INC.
 15407 MCGINTY RD. WEST MAIL STOP #24
 WAYZATA MN 55391-2399

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 12.2.02

C. Signature
 * [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label) 7099 3400 0000 9591 8655

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

SRG-I Young Exp Ltr. Subject

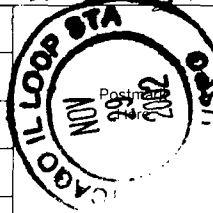
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



U S PAINT CORPORATION
THE GLIDDEN CORP
c/o LORENA S NEAL ESQUIRE
SEYFARTH SHAW
55 W MONROE SUITE 4200
CHICAGO IL 60603-5803

See for Instructions

7099 3400 0000 9591 8686

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U S PAINT CORPORATION
THE GLIDDEN CORP
c/o LORENA S NEAL ESQUIRE
SEYFARTH SHAW
55 W MONROE SUITE 4200
CHICAGO IL 60603-5803

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from 1? ☐ Yes
If YES, enter delivery address below: ☐ No

E. Rycraft

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 8686

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Subject Exp. Ltr.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Sargent & Lundy P.C. SR 6-J

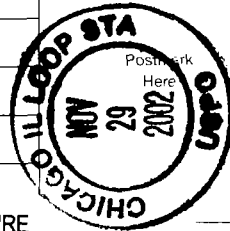
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total \$



Name SANDI J VANWORMER ESQUIRE
Street THE DOW CHEMICAL COMPANY
City LEGAL DEPARTMENT
2030 DOW CENTER
MIDLAND MI 48674

PS Form 3849

For Instructions

7099 3400 0000 9593 8860

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To: **L. Young** **SAUBET SR-6J**

Postage \$ **4.70** NOV 27 2002

Certified Fee **2.30**

Return Receipt Fee (Endorsement Required) **1.70**

Restricted Delivery Fee (Endorsement Required) **8.80**

Arthur Huffmeier
 2952 E. Springersville Road
 Connersville, IN 47331-8204

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Arthur Huffmeier
 2952 E. Springersville Road
 Connersville, IN 47331-8204

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 9133

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SAUBET 2 GROUNDWATER


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Refate - SR 6T

Postage	\$ 2.44
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

MR. CRAIG ZIMMERMANN
EXXON Mobil
c/o McDermott Will & Emery
227 West Monroe Street
Chicago, Illinois 60606

Use for Instructions



7099 3400 0000 9591 9430

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <u>NOV 14 2002</u></p> <p>B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>MR CRAIG ZIMMERMAN EXXON MOBIL c/o MCDERMOTT WILL & EMERY 227 W MONROE ST CHICAGO IL 60606</p>		<p>C. Signature <u>[Signature]</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <u>7099 3400 0000 9591 9430</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *M. K. Smith*

Postage \$ *6.05*

Certified Fee *2.20*

Return Receipt Fee (Endorsement Required) *1.75*

Restricted Delivery Fee (Endorsement Required)

To: *1010*

Kimberly Thorstadt
 Cargill, Inc.
 15407 MCGINTY RD. WEST (MAIL STOP #24)
 WAYZATA MN 55391-2399

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>KIMBERLY THORSTADT CARGILL, INC. 15407 MCGINTY RD. WEST MAIL STOP #24 WAYZATA MN 55391-2399</p>		<p>C. Signature</p> <p><i>X</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

2. Article Number (Copy from service label)
7099 3400 0000 9591 9584

PS Form 3811, July 1999 *Sauset 2* Domestic Return Receipt *Rafale SR65* 02585-99-M-1789

7099 3400 0000 9591 9461

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Rogate SRGT

Postage	\$ 2.67
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.72



Name (Please Print Clearly) (to be completed by mailer)

ANN PHILLIPS CORRIGAN c/o SCHULTZ & LITTLE

Street, Apt. No. or PO Box No.

640 CEPi DRIVE, SUITE A

City, State, ZIP+4

CHESTERFIELD MO

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ann Phillips Corrigan, ESQ
c/o Schultz & Little
640 Cepi Drive, Suite A
Chesterfield, MO 63005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

7094 3400 0000 9591 9522

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Kafati SR6J

Postage	\$ <i>2.67</i>
Certified Fee	<i>2.30</i>
Return Receipt Fee (Endorsement Required)	<i>1.75</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>6.72</i>



DAVID O. LEDBETTER
HUNTON & WILLIAMS
RIVERFRONT PLAZA - EAST TOWER
951 EAST BYRD ST
RICHMOND VA 23219

See back for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9591 9553

Article Sent To:

Kofate Saugel *SRbT*

Postage \$ *2.21*

Certified Fee *2.30*

Return Receipt Fee (Endorsement Required) *1.75*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *6.26*



Na
 Str MR THOMAS RYAN
 BFI
 Cit c/o LATHROP & GAGE
 2345 GRAND BLVD SUITE 2600
 PS KANSAS CITY, MO 64108

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR THOMAS RYAN
 BFI
 c/o LATHROP & GAGE
 2345 GRAND BLVD SUITE 2600
 KANSAS CITY, MO 64108

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0000 9591 9553

PS Form 3811, March 2001

Domestic Return Receipt

ADM. RECORD

102595-01-M-1424

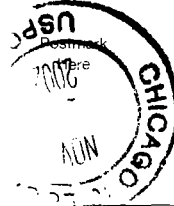
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Rogate Saugert II CD

Postage	\$ 2.67
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.72

MR STEVEN SCHMIDT
 3000 PEGASUS PARK DRIVE
 PLAZA TOWER RM 5B39
 DALLAS TX 75247



See back for Instructions

7099 3400 0000 9591 9492

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR STEVEN SCHMIDT
 3000 PEGASUS PARK DRIVE, *SUPERFUND CONSULT*
 PLAZA TOWER RM 5B39
 DALLAS TX 75247

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Carmichael *11-15-02*

C. Signature

x Carmichael ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 9492

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Saugert II CD from Ad. Record

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

EEBT 2270 9000 0220 7001

Rafati *SR 65*

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	10.10

Total Postage

Sent To
Cargill Incorporated
Tax Dept # 26 box 9300
Minneapolis, MN 55440

CHICAGO IL 60601
OCT 28 2002
USPS

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>X</i> <i>SR 65</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p>3. Service Type</p> <p>4. Restricted Delivery? (Extra Fee)</p>
<p>1. Article Addressed to:</p> <p><i>Cargill Incorporated</i> <i>Tax Dept # 26 box 9300</i> <i>Minneapolis, MN 55440</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>700123200006 C177 A33</i></p>	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Rafati SR 65 Saugst

7001 0320 0006 0177 1926

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Rapiti issued SR 6J

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.80



Total Postage

Sent To MALLINCKRODT
 c/o CT CORPORATION
 MI HOLDINGS INC
 120 SOUTH CENTRAL AVENUE
 CLAYTON MO 63105

PS Form 3800

ns

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MALLINCKRODT
 c/o CT CORPORATION
 MI HOLDINGS INC
 120 SOUTH CENTRAL AVENUE
 CLAYTON MO 63105

2. Article Number

(Transfer from service label)

7001 0320 0006 0177 1926

PS Form 3811, March 2001

Domestic Return Receipt

Sauget 2 Rapiti SR 6J

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

10/31/02

C. Signature

X

9C

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery (Extra Fee)

☐ Yes

102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

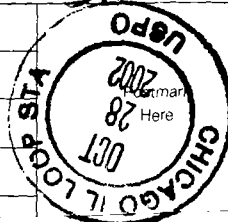
7001 0320 0006 0177 1919

Rafali *SL 65*

Postage	\$ 6.05
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	10.10
Total Postage	

Sent To: **PILLSBURY COMPANY**
CORPORATE OFFICE
 200 S 6th St # 200
 MINNEAPOLIS, MN 55402

PS Form 3800, March 2001



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PILLSBURY COMPANY
CORPORATE OFFICE
 200 S 6th St # 200
 MINNEAPOLIS, MN 55402

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7001 0320 0006 0177 1919

PS Form 3811, March 2001

Domestic Return Receipt

Samuel 2 Rafali SL 65

102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: M. RAFATI SR-6J SAU'GET 2 CLAYTON CHEMICAL

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.80

Name (Please Print Clearly) (to be completed by mailer)
SHELDON KORLIN
 Street, Apt. No., or P.O. Box No.
202 BROWNING CT
 City, State, ZIP+4
ST. CHARLES MD 63303

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1"> <tr> <td>A. Received by (Please Print Clearly) <u>Sheldon Korlin</u></td> <td>B. Date of Delivery <u>11/7/02</u></td> </tr> <tr> <td colspan="2">C. Signature <u>X Sheldon Korlin</u></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>11/7/02</u> </td> </tr> </table>	A. Received by (Please Print Clearly) <u>Sheldon Korlin</u>	B. Date of Delivery <u>11/7/02</u>	C. Signature <u>X Sheldon Korlin</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>11/7/02</u>	
A. Received by (Please Print Clearly) <u>Sheldon Korlin</u>	B. Date of Delivery <u>11/7/02</u>								
C. Signature <u>X Sheldon Korlin</u>									
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>11/7/02</u>									
1. Article Addressed to: <u>MR. SHELDON KORLIN</u> <u>202 BROWNING CT</u> <u>ST CHARLES, MD</u> <u>63303</u>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.								
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes								

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JERRY RUSSELL BLISS, INC
149 STRECKER ROAD
BALDWIN MO 63011-1905

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☐ Agent
☐ AddresseeD. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: 7788 No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

70993400 0000 9581 5623

PS Form 3811, July 1999

SR65

Domestic Return Receipt

Kadate

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Rogati SR-6T Saugert

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.80

NATIONAL VENDORS
 12955 ENTERPRISE
 BRIDGETON MO 63044-1200

See back for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>NATIONAL VENDORS 12955 ENTERPRISE BRIDGETON MO 63044-1200</p> <p><i>Duplicate</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p><u>7099 3460 0000 9591 7184</u></p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike Rofate SR 6J

Postage \$ 4.75

Certified Fee 2.50

Return Receipt Fee
(Endorsement Required) 1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 8.80

Postmark
Here

Name (Please Print Clearly) (to be completed by mailer)

ABCO & SOUTHERN Railroad

Street, Apt. No., or PO Box No.

1000 South 22nd Street

City, State, ZIP+4

EAST ST. LOUIS MO 62207-1943

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ABCO & SOUTHERN RR
1000 S. 22nd St.
East St. Louis, MO
62207-1943

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

x J.C. Williams

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591

9850

PS Form 3811, July 1999

Domestic Return Receipt

102505-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *Rafate SL 65 Postage not returned*

Postage	\$ 2775
Certified Fee	2300
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 880

Name (Please Print Clearly) (to be completed by mailer)
Abco Trash Service & Equipment Co.

Street, Apt. No. or PO Box No.
4126 Olive St.

City, State, ZIP+4
St. Louis, MO 63110

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Abco Trash Service & Equipment</i> <i>4126 OLIVE ST.</i> <i>ST. LOUIS, MO 63110</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7099 3400 0000 9591 6408</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR6J

Postage \$

4.25

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

8.80

Total Postage

AMAX ZINC

Name

MR. MICHAEL D. LEACH

Street

c/o PHELPS DODGE CORP

City, St

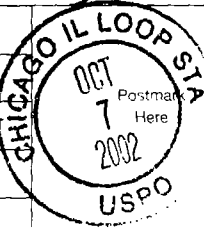
ENVIRONMENTAL SERVICES DEPT. #290

1501 W. FOUNTAINHEAD PRKWY

TEMPE, AZ 85252-1846

PS Form

Instructions



7099 3400 0000 9591 9942

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AMAX ZINC
 MR. MICHAEL D. LEACH
 c/o PHELPS DODGE CORP
 ENVIRONMENTAL SERVICES DEPT. #290
 1501 W. FOUNTAINHEAD PRKWY
 TEMPE, AZ 85252-1846

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Donald L. Bowen

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, print new delivery address below: ☐ No

2. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 9942

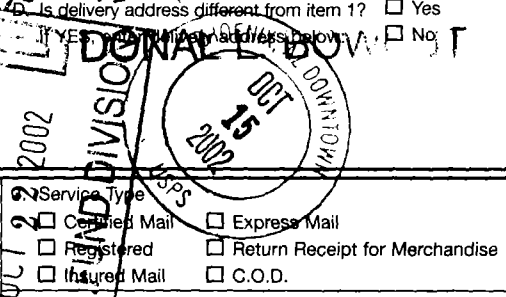
PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

upate SR6J

RECEIVED



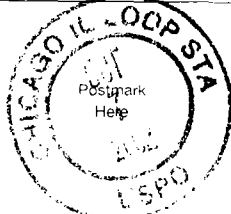
7099 3400 0000 9591 9973

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

mike *SR 65*

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	8.80



Total **AMERICAN ZINC COMPANY**
 Name (i) **c/o TERRANCE GILEO FAYE, ESQ**
 Street **BABST CALLAND CLEMENTS AND ZOMNIR**
 City, St **1 N. MAPLE AVENUE**
GREENSBURG PA 15001

PS Form 3800, July 1999 Instructions

SENDER. COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
AMERICAN ZINC COMPANY
c/o TERRANCE GILEO FAYE, ESQ
BABST CALLAND CLEMENTS AND ZOMNIR
1 N. MAPLE AVENUE
GREENSBURG PA 15001

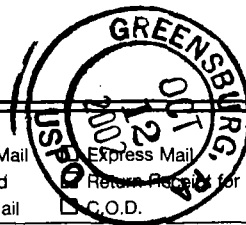
001 17 2002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Pam Salandro** B. Date of Delivery

C. Signature *x Pam Salandro* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:



3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 9973

PS Form 3811, July 1999

Domestic Return Receipt

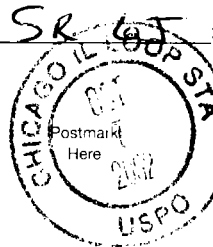
Latate SR 65

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike



Postage	\$	<i>4.75</i>
Certified Fee		<i>2.30</i>
Return Receipt Fee (Endorsement Required)		<i>1.25</i>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	<i>8.30</i>

Name (F) BI-STATE DEVELOPMENT AGENCY
Street, # MR. CRAIG McDONALD
City, Sta 707 NORTH 1ST ST
ST. LOUIS MO 63102

PS Form

Instructions

7099 3400 0000 9591 7009

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR 65

Postage	\$ <u>4.25</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.25</u>
Restricted Delivery Fee (Endorsement Required)	
Total P	<u>8.80</u>

CHICAGO IL LOOP STA
 Postmark Here
 7
 2002
 USPO

Name (F) BI-STATE TRANSIT COMPANY, DIRECTOR
 Street, # c/o BI-STATE DEVELOPMENT COMPANY
 City, State ST. LOUIS, IL 63188

PS Form 3811, July 1999 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STATE TRANSIT COMPANY, DIRECTOR
 BI-STATE DEVELOPMENT COMPANY
 7 FIRST STREET
 ST. LOUIS, IL 63188

2. Article Number (Copy from service label) 7099 3400 0000 9591 7030

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 11/11/02

C. Signature [Signature] Agent [Signature] Address [Signature]

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 1999 566J Domestic Return Receipt Rebate 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike

Postage	\$ <u>4.75</u>
Certified Fee	<u>2.80</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	<u>8.40</u>
Total Postage	

Postmark Here: 

Name (Please Print) BLUE TEE CORPORATION
Street, Apt. REGISTERED AGENT
ILLINOIS CORPORATION SERVICE
City, State, Zip 700 S. 2ND ST
SPRINGFIELD IL 62704

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10/9/02</u></p> <p>C. Signature <u>X [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>BLUE TEE CORPORATION</u> <u>REGISTERED AGENT</u> <u>ILLINOIS CORPORATION SERVICE</u> <u>700 S. 2ND ST</u> <u>SPRINGFIELD IL 62704</u></p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7099 3400 0000 9591 5203</u></p>	

PS Form 3811, July 1999

Domestic Return Receipt

Russell Scott

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 65

Postage

\$ *4.77*

Certified Fee

2.30

Return Receipt Fee
 (Endorsement Required)

1.25

Restricted Delivery Fee
 (Endorsement Required)

2.80

Total Postage

BROWNIING FERRIS INDUSTRIES

Name (Please)

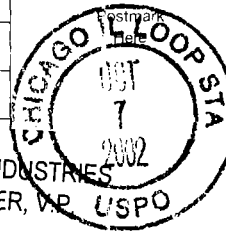
MR. GERARD K. BURGER, V.P.

Street, Apt. No.

P.O. BOX 3151

City, State, Zip

HOUSTON TX 77253



PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BROWNIING FERRIS INDUSTRIES
 MR. GERARD K. BURGER, V.P.
 P.O. BOX 3151
 HOUSTON TX 77253

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ X

Samuel Mauer

OCT 10 2002

☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

70993400009591 5173

PS Form 3811, July 1999

SL6-I

Domestic Return Receipt

12/2/02

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR 65

Postage	\$ <u>4.75</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.25</u>
Restricted Delivery Fee (Endorsement Required)	<u>8.80</u>

Total Posta

Name (Please) VILLAGE OF CAHOKIA
 Street, Apt. & 201 WEST FOURTH ST
 City, State, Zi CAHOKIA IL 62206

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VILLAGE OF CAHOKIA
 201 WEST FOURTH ST
 CAHOKIA IL 62206

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) F B. Date of Delivery 10/9/02

C. Signature

X

Williams

☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5531

PS Form 3811, July 1999

SR 65

Domestic Return Receipt

Receipt

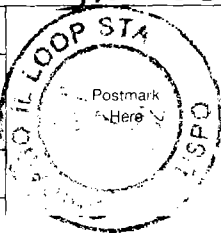
102595-99-M-1789

7099 3400 0000 9597 7061

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Melie SR 65

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Pos	8.80



Name (Please) CENTURY FOUNDRY
Street, Apt. c/o CENTURY ELECTRIC CO
City, State, 1806 PINE ST
ST. LOUIS MO 63110

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR 65

Postage	\$ <u>4.75</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.25</u>
Restricted Delivery Fee (Endorsement Required)	<u>8.80</u>
Total Post	

CHICAGO IL 60602-2607
 JUL 1 1999
 USPO

Name (Please Print) CERRO COPPER PRODUCTS COMPANY
 Street, Apt. c/o UNITED STATES CORP CO, AGENT
 City, State 33 N LA SALLE ST
CHICAGO IL 60602-2607

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10-9-02</u></p>	
<p>1. Article Addressed to:</p> <p>CERRO COPPER PRODUCTS COMPANY UNITED STATES CORP CO, AGENT N LA SALLE ST CHICAGO IL 60602-2607</p>		<p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label) <u>7099 3400 0000 9591 8389</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999 Domestic Return Receipt Refuse SR 65 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

me

SE 65

Postage \$

8.75

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

8.80

Total Postage



Name (Please Print)

CHEMICAL WASTE MANAGEMENT
 c/o CT CORPORATION SYSTEM, AGENT
 Street, Apt. No. 208 S LA SALLE ST
 City, State, Zip: CHICAGO, IL 60604-1136

PS Form 3800, July 1999

7099 3400 0000 9591 5050

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHEMICAL WASTE MANAGEMENT
 c/o CT CORPORATION SYSTEM, AGENT
 208 S LA SALLE ST
 CHICAGO, IL 60604-1136

OCT 17 2002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name) *OCT 11 2002*

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

CT CORPORATION SYSTEM
208 So. La Salle Street
CHICAGO, ILLINOIS 60604

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5050

PS Form 3811, July 1999

Domestic Return Receipt

Refate SE 65

102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT

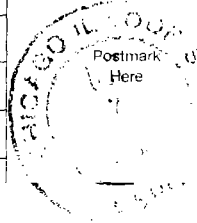
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 65

Postage	\$ 4.25
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.80



Name (Please Print)

CON AGRA INC
1 CON AGRA DRIVE
OMAHA NE 68102

PS Form 3800, July 1999

7099 3400 0000 9591 5111

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CON AGRA INC
1 CON AGRA DRIVE
OMAHA NE 68102

RECEIVED
OCT 24 2002
SUPERFUND DIVISION

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5111

Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0000 9591 5357

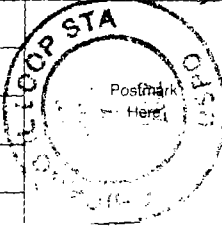
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Melie

SR 65

Postage	\$	4.75
Certified Fee		2.30
Return Receipt Fee (Endorsement Required)		1.75
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	8.80



Name (Please) CORKERY FUEL COMPANY
Street, Apt. N c/o MARY ANNE SCHEONBERGER, AGENT
City, State, Zi 1017 MARY CANDANCE LANE
ST LOUIS MO 63125

7099 3400 0000 9591 5838

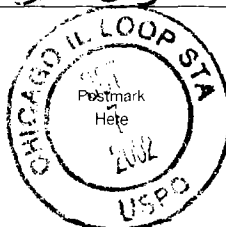
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 65

Postage	\$ <i>4.25</i>
Certified Fee	<i>2.30</i>
Return Receipt Fee (Endorsement Required)	<i>1.25</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<i>8.80</i>



Name (Please) **DAVID HAULING**
 Street, Apt. # **MR. DALE M DAVID AGENT**
#2 CHEMICAL PLACE
 City, State, Zip **FAIRMONT CITY IL 62201**

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID HAULING
MR. DALE M DAVID AGENT
#2 CHEMICAL PLACE
FAIRMONT CITY IL 62201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *SA* B. Date of Delivery *10-90*

C. Signature *Mary Ann David* ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5838

PS Form 3811, July 1999

SR 65

Domestic Return Receipt

Indate

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 63

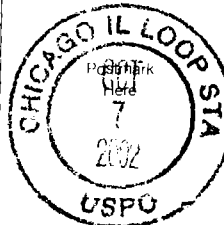
Postage \$ *4.75*

Certified Fee *2.30*

Return Receipt Fee (Endorsement Required) *1.25*

Restricted Delivery Fee (Endorsement Required)

Total Postage *8.30*



Name (Please Print) DENNIS CHEMICAL CO INC
 Street, Apt. No. AARON DENNIS, PRESIDENT
 2700 PAPIN ST
 City, State, Zip ST LOUIS MO 63102-3042

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the back of the card so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DENNIS CHEMICAL CO INC
 AARON DENNIS, PRESIDENT
 2700 PAPIN ST
 ST LOUIS MO 63102-3042

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

OCT 10 2002

- ☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

- ☐ Yes
☐ No

If YES, enter delivery address below:

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number (Copy from service label)

70993400 0000 9591 5418

PS Form 3811, July 1999

SR 63

Domestic Return Receipt

Refute

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

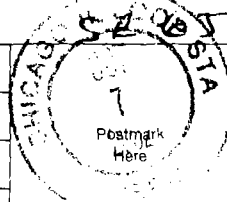
Article Sent To:

Mike

Postage	\$ 4.25
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.15
Restricted Delivery Fee (Endorsement Required)	8.40

Total Postage

Name (Please Print) DOTSON DISPOSE ALL SERVICE
Street, Apartment 4727 FLETCHER ST
City, State ST LOUIS MO 63121



7099 3400 0000 9591 5470

PS Form 38

See Reverse for Instructions

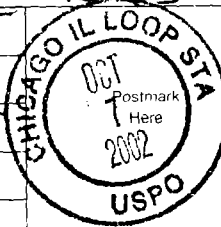
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 65

Postage \$ *4.75*
 Certified Fee *2.50*
 Return Receipt Fee (Endorsement Required) *1.75*
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ *8.80*



EAGLE MARINE INDUSTRIES INC
 MR RICHARD BURKE
 200 NORTH BROADWAY
 ST LOUIS MO 63102-2730

See for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EAGLE MARINE INDUSTRIES INC
MR. RICHARD BURKE
200 NORTH BROADWAY
ST. LOUIS, MO 63102-2730

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

10/16/02

C. Signature

[Signature]

- ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service/Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number (Copy from service label)

7059 3400 0000 9591 64 91

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

mike

SR-65

Postage

\$ *4.25*

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

1.80

Total Postage

ETHYLCORPORATION (EDWIN COOPER)

Name (Please Print)

EHTYL PETROLEUM ADDITIVES

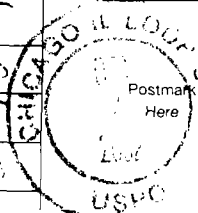
Street, Apt. No.

c/o MS ANN T BROOKS

City, State, ZIP

330 SOUTH FOURTH ST
 RICHMOND VA 23219

PS Form 3800, July 1999



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ETHYLCORPORATION (EDWIN COOPER)
 EHTYL PETROLEUM ADDITIVES
 c/o MS ANN T BROOKS
 330 SOUTH FOURTH ST
 RICHMOND VA 23219

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5715

PS Form 3811, July 1999

SR65

Domestic Return Receipt

Rafate

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: muhi SR 65

Postage	\$ <u>4.75</u>	Postmark Here
Certified Fee	<u>2.80</u>	
Return Receipt Fee (Endorsement Required)	<u>1.25</u>	
Restricted Delivery Fee (Endorsement Required)	<u>8.80</u>	
Total Postage		

Name (Please Print) EXXON MOBIL CORPORATION
Street, Apt. No. c/o ILLINOIS CORPORATION SERVICE, AGENT
City, State, ZIP+ 700 SOUTH 2ND ST
SPRINGFIELD IL 62704-2516

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10/9/02</u> C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____
1. Article Addressed to: EXXON MOBIL CORPORATION c/o ILLINOIS CORPORATION SERVICE, AGENT 700 SOUTH 2 ND ST SPRINGFIELD IL 62704-2516	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Copy from service label) <u>7099 3400 0000 9591 5777</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike Cole *SR 65*

Postage

\$ 4.25

Certified Fee

3.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 8.50

Postmark
Here

Name (Please Print)

FRUIN-COLNON CORPORATION

Street, Apt.

c/o LEONARD R RUZICKA

City, State, & Zip

15933 CLAYTON RD
BALLWIN MO 63011

PS Form 3800

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse can return the card to you. Card to the back of the mailpiece, front if space permits.

Addressed to:

Fruin Colox

COLNON CORPORATION
LEONARD R RUZICKA
CLAYTON RD
BALLWIN MO 63011

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

x Mike Cole

☐ Agent

☐ Addressee

☐ Delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number (Copy from service label)

70993400 0000 9591 5807

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

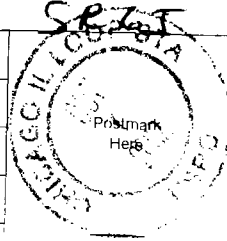
7099 3400 0000 9591 5869

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

mini

Postage \$ *1.75*
 Certified Fee *2.30*
 Return Receipt Fee (Endorsement Required) *1.75*
 Restricted Delivery Fee (Endorsement Required) *8.80*



Total Po:

Name (Please Print): **HILLTOP HAULING INC**
 Street, Apt: **CT CORPORATION SYSTEMS, REG. AGENT**
 City, State: **208 SOUTH LA SALLE ST**
CHICAGO IL 60604

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HILLTOP HAULING INC
CT CORPORATION SYSTEMS, REG. AGENT
208 SOUTH LA SALLE ST
CHICAGO IL 60604

OCT 17 2002

SUPPL

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

OCT 11 2002

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No

CT CORPORATION SYSTEM
208 So. La Salle Street
CHICAGO, ILLINOIS 60604

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5869

PS Form 3811, July 1999

SR6T

Domestic Return Receipt

Refute

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

mr

SR 65

Postage

\$ *4.75*

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

4.80

Total Postage



Name (Please)

INDUSTRIAL SALVAGE DISPOSAL CO

Street, Apt.

c/o MR PAUL SAUGET
 2700 MONSANTO AVENUE

City, State, Zip

SAUGET IL 62206

PS Form 3800

ctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

INDUSTRIAL SALVAGE DISPOSAL CO
 c/o MR PAUL SAUGET
 2700 MONSANTO AVENUE
 SAUGET IL 62206

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5951

PS Form 3811, July 1999

SR 65

Domestic Return Receipt

Mike Rafati

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR-65

Postage	\$ <u>6.75</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	<u>8.50</u>
Total Postage	19.30

Name (Please Print) **KERR MCGEE CHEMICAL CORPORATION**
 Street, Apt. No. **KERR MCGEE CENTER**
 City, State, Zip **OKLAHOMA CITY OK 73125**

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION		COMPLETER: COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>KERR MCGEE CHEMICAL CORPORATION KERR MCGEE CENTER OKLAHOMA CITY OK 73125</p>		<p>C. Signature <u>X</u> <u>C. Aspin</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>2. Article Number (Copy from service label) <u>7099 3400 0000 9591 6705</u></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, July 1999</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: **MIKE**

Postage \$ **4.25**

Certified Fee **2.30**

Return Receipt Fee (Endorsement Required) **1.25**

Restricted Delivery Fee (Endorsement Required) **5.50**

Total Postage **13.30**

Name (Please Print) **MIDWEST RUBBER RECLAIMING**
EMPIRE CHEMICAL INC.
CT CORPORATION
208 S LA SALLE ST
CHICAGO IL 60604

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) OCT 11 2002</p> <p>B. Date of Delivery</p> <p>C. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>MIDWEST RUBBER RECLAIMING EMPIRE CHEMICAL INC. CT CORPORATION 208 S LA SALLE ST CHICAGO IL 60604</p> <p>OCT 17 2002</p> <p>SUPERIOR CORPORATION</p>		<p>CT CORPORATION SYSTEM 208 So. La Salle Street CHICAGO, ILLINOIS 60604</p>	
<p>2. Article Number (Copy from service label) 7099 3400 0000 9591 6767</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

7099 3400 0000 9591 5562

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike

Postage	\$ 4.27
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.52

Postmark: CHICAGO, IL 60601-5865
 1
 2002 Here
 USPO

Name (Please Print): **MONSANTO COMPANY**
 Street, Apt.: **R. WILLIAM IDE III, COUNSEL**
 City, State, ZIP: **800 NORTH LINDBERGH AVENUE**
ST LOUIS MO 63167-0001

PS Form 3800, July 1997

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MONSANTO COMPANY
R. WILLIAM IDE III, COUNSEL
800 NORTH LINDBERGH AVENUE
ST LOUIS MO 63167-0001
63141

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Vale Alue B. Date of Delivery: 10-10-02

C. Signature: [Signature] ☐ Agent ☐ Addressee

X ☒ ☐

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7099 3400 0000 9591 5562

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
MIKE

Postage \$ **4.75**

Certified Fee **2.70**

Return Receipt Fee (Endorsement Required) **1.75**

Restricted Delivery Fee (Endorsement Required) **8.50**

Total Post

Name (Please) **NATIONAL VENDORS**

Street, Apt. **12955 ENTERPRISE**

City, State, **BRIDGETON MO 63044-1200**

PS Form 3800, July 1999

Postmark Here

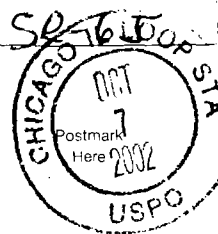
7099 3400 0000 9591 6798

SENDER. COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>NATIONAL VENDORS 12955 ENTERPRISE BRIDGETON MO 63044-1200</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7099 3400 0000 9591 6798</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

MIKE



Postage	\$ 4.75
Certified Fee	8.30
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 14.30

Name (Please Print)

NORFOLK SOUTHERN CORP

Street, Apt. No., or

720 OLIVE ST SUITE 2050

City, State, ZIP+4

ST. LOUIS MO 63101

PS Form 3800, July

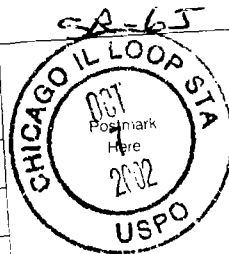
7099 3400 0000 9591 6828

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

MIKE

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00



Total Postage &

Name (Please Print)

Street, Apt. No. :

City, State, ZIP+4

NOTRE DAME FLEETING & TOWING SERVICE
MR. RICHARD D BURKE REGISTERED AGENT
200 SOUTH BROADWAY SUITE 1725
ST LOUIS MO 63102

7099 3400 0000 9591 659

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9591 8419

Article Sent To:

MIKE

SR-6J

Postage \$4.75
Certified Fee 1.30
Return Receipt Fee (Endorsement Required) 1.25
Restricted Delivery Fee (Endorsement Required)
Total Postage \$7.30



Name (Please

PATGOOD ILLINOIS INC

Street, Apt. No.

CT CORPORATION SYSTEM REGIST. AGENT

City, State, Zip

208 S LA SALLE ST

CHICAGO IL 60604

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATGOOD ILLINOIS INC
CT CORPORATION SYSTEM REGIST. AGENT
208 S LA SALLE ST
CHICAGO IL 60604

OCT 17 2002

SUPERFUND

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

OCT 11 2002

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

CT CORPORATION SYSTEM
208 So. La Salle Street
CHICAGO, ILLINOIS 60604

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 34000000 9591 8419

PS Form 3811, July 1999

SR-6J

Domestic Return Receipt

Ragati

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: none SR 65

Postage	\$ <u>4.75</u>
Certified Fee	<u>2.70</u>
Return Receipt Fee (Endorsement Required)	<u>1.25</u>
Restricted Delivery Fee (Endorsement Required)	
Total Post	<u>8.70</u>

Name (Please Print): PHILLIPS PIPE LINE CO
MR DAVID DUNCAN AGENT
 Street, Apt. 1250 ADAMS BLDG
 City, State, Zip: BARTLESVILLE OK 74004

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <u>Shirley Thomas</u> B. Date of Delivery</p> <p>C. Signature <u>X</u> <u>OCT 11 2002</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><u>OCT 17 2002</u></p> <p>3. Service type <u>REGISTERED DIV</u> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p><u>PHILLIPS PIPE LINE CO</u> <u>MR DAVID DUNCAN AGENT</u> <u>1250 ADAMS BLDG</u> <u>BARTLESVILLE OK 74004</u></p>	
<p>2. Article Number (Copy from service label)</p> <p><u>7099 3400 0000 9591 5746</u></p>	

PS Form 3811, July 1999

Domestic Return Receipt

Sauget & Co

102595-99-M-1789

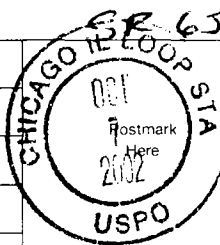
7099 3400 0000 9591 5982

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

memo

Postage	\$ 2.175
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	6.43



Name (Please Print) **PILLSBURY CO**
Street, Apt. # **608 SECOND AVE**
City, State, Zip **MINNEAPOLIS MN 55402**

PS Form 3800, 7-62

ions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR 65

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<u>8.30</u>

CHICAGO IL LOOP STA
 JUL 1 2002
 USPO

Name (Please Print) ROGERS CARTAGE COMPANY
MR GREG MEADORS
 Street, Apt. No.: 611 S 28TH ST
 City, State, ZIP+ MILWAUKEE WI 53215

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <u>C. PAULER</u> B. Date of Delivery</p> <p>C. Signature <u>C. Pauler</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ROGERS CARTAGE COMPANY MR GREG MEADORS 611 S 28TH ST MILWAUKEE WI 53215</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><u>7099 3400 0000 9591 6071</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 1999 SK Domestic Return Receipt 1/1/02 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

S12 6 J

Postage

\$ 4.75

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Po

Name (Please)

ROGERS CARTAGE COMPANY
 MR SCOTT VANDENHOUTEN

Street, Ap

611 S 28TH ST

City, State

MILWAUKEE WI 53215



PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROGERS CARTAGE COMPANY
 MR SCOTT VANDENHOUTEN
 611 S 28TH ST
 MILWAUKEE WI 53215

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

3. Service Type

- ☐ Certified ☐ Express ☐ Registered ☐ Return Receipt for Merchandise
☐ Insured ☐ Restricted Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 6041

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7099 3400 0000 9591 6163

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.80

Postmark
Here

Name (Please Print) SAUGET SANITARY DEVELOPMENT &
 RESEARCH ASSOCIATION
 Street, Apt. No. 10 MOBILE ST
 City, State, ZIP+4 SAUGET IL 62201

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAUGET SANITARY DEVELOPMENT &
 RESEARCH ASSOCIATION
 10 MOBILE ST
 SAUGET IL 62201

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Cathy* B. Date of Delivery *10-9-02*
 C. Signature *Cathy Hunter* ☐ Agent ☒ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 6163

PS Form 3811, July 1999

SR6-I

Domestic Return Receipt

Refate

102595-99-M-1769

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9591 5920

Article Sent To: *meho*

Postage	\$ 4.75
Certified Fee	0.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	6.80

Postmark Here

NAME (Please) **SERVICE AMERICA CORPORATION**
 Street, Apt. No. **MR. DONALD ELLIOT**
 City, State, Zip **c/o PAUL HASTINGS JANOFSKY & WALKER**
1299 PENNSYLVANIA AVE N.W.
WASHINGTON DC 20004-2400

PS Form 3800, 3-99

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <i>D. J. ...</i></p> <p>B. Date of Delivery <i>Oct 14 1999</i></p> <p>C. Signature <i>D. J. ...</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>SERVICE AMERICA CORPORATION MR. DONALD ELLIOT c/o PAUL HASTINGS JANOFSKY & WALKER 1299 PENNSYLVANIA AVE N.W. WASHINGTON DC 20004-2400</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label) <i>7099 3400 0000 9591 5920</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999 *SLBT* Domestic Return Receipt *Refate* 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 65

Postage

\$ *4.75*

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

8.80

Total Postage &

Name (Please Print)

SOLUTIA

Street, Apt. No., c

MR. STEVE SMITH

City, State, ZIP+4

575 MARYVILLE CENTRE DRIVE

ST LOUIS MO 63141

PS Form 3800, July 1999

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SOLUTIA
 MR. STEVE SMITH
 575 MARYVILLE CENTRE DRIVE
 ST LOUIS MO 63141

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

10-9-02

C. Signature

[Signature] ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 6101

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

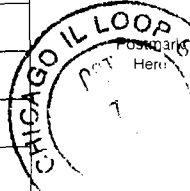
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9591 6521

Article Sent To:

Mike Rorate SR-65

Postage \$ 4.25
 Certified Fee 2.30
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 8.80



Name (Please Print Clearly) (to be completed by mailer)

ST. LOUIS DOWNTOWN AIRPORT 96 BI-STATE DEVELOP.
 Street, Apt. No.; or PO Box No. ATTN: ROBERT
 1680 SAUGET INDUSTRIAL PKWAY MCDANIEL
 City, State, ZIP+4
 SAUGET IL 62206

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ST. LOUIS DOWNTOWN AIRPORT
 % BI-STATE DEVELOPMENT CO.
 ROBERT MCDANIEL
 1680 SAUGET INDUSTRIAL PKWAY
 SAUGET, IL 62206

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Robert McDaniel*

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 6521

PS Form 3811, July 1999

SR6J

Domestic Return Receipt

Rorate

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR 6J

Postage	\$ 4.25
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	8.80
Total Post	

Postmark Here
 CHICAGO IL LOOP STA
 7
 2002
 USPS

Name (Please Print) U S PAINT CORP
 Street, Apt 31 SOUTH 21ST ST
 City, State ST LOUIS MO 63103

PS Form 3806, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <u>K. Roche</u> B. Date of Delivery <u>10-9-02</u></p> <p>C. Signature <u>Kathrine Roche</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>U S PAINT CORP 31 SOUTH 21ST ST ST LOUIS MO 63103</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p><u>70993400000095916194</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

Domestic Return Receipt

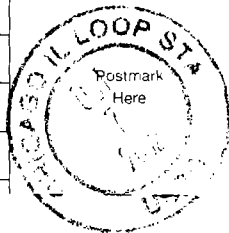
102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike R. SR 65

Postage \$ *4.25*
 Certified Fee *2.30*
 Return Receipt Fee (Endorsement Required) *1.25*
 Restricted Delivery Fee (Endorsement Required) *8.80*



Total Po MR. RICHARD L. WATERS
 Name (Please Print) ARMSTRONG TEASDALE, LLP
 Street, Apt c/o ETHYL CORPORATION
 City, State 1 ONE METROPOLITAN SQ. Suite 2600
 St. Louis MO. 65102

PS Form 3800, July 1999

See Reverse for Instructions

7099 3400 0000 9591 5593

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

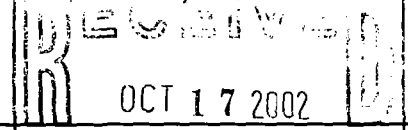
MR. RICHARD L. WATERS
 ARMSTRONG TEASDALE, LLP
 c/o ETHYL CORPORATION
 ONE METROPOLITAN SQ. Suite 2600
 11 N BROADWAY
 St. Louis MO. 65102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *E. R. Waters* B. Date of Delivery *10-11-02*

C. Signature *E. R. Waters* ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9591 5593

PS Form 3811, July 1999

Domestic Return Receipt

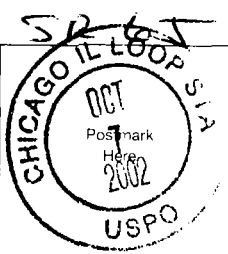
102595-99-M-1789

7099 3400 0000 9591 6972

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

mbu



Postage	\$ 4.25
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.80

Total Postage

BARRY WEHMILLER STEEL FABRICATION

Name (i) BRYAN CRIPE SAFETY & ENVIRONMENTAL

Street, 8000 HALL ST

City, St. ST. LOUIS MO 63147

PS Form

Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

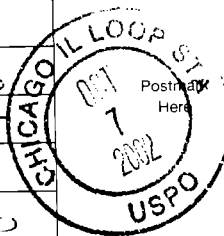
7099 3400 0000 9591 6439

Article Sent To:

Mike Rajati

SR 65

Postage \$ *4.75*
 Certified Fee *2.30*
 Return Receipt Fee (Endorsement Required) *1.25*
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ *8.30*



Name (Please Print Clearly) (to be completed by mailer)

WISE PLANNING & ENGINEERING
 Street, Apt. No., or PO Box No.
1200 QUEENY AVENUE
 City, State, ZIP+4
SAUGET, IL 62206

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WISE PLANNING & ENGINEERING
1200 QUEENY AVENUE
SAUGET, IL 62206

2. Article Number (Copy from service label)

7099 3400 0000 9591 6439

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Sandra Reuber *10-7*

C. Signature

Sandra Reuber

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type


☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)


Article Sent To: Mike SR 65

Postage	\$ <u>4.25</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<u>8.80</u>

Postmark Here


Name (Please Print) Aalco Wrecking & Supply Co.
Mr. Daniel E. Hochman
 Street, Apt. No. 1700 N. Lindbergh Blvd.
 City, State, Zip St. Louis, MO 63132

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery _____	
1. Article Addressed to: <u>Aalco Wrecking & Supply Co.</u> <u>Mr. Daniel E. Hochman</u> <u>1700 N. Lindbergh Blvd.</u> <u>St. Louis, MO 63132</u>		C. Signature <u>Tina Zerkosky</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
			
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Article Number (Copy from service label) <u>7099 34000000 9591 9529</u>			

7099 3400 0000 9591 9799

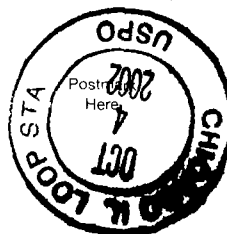
U.S. Postal Service
CERTIFIED MAIL-RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mike

SR 6J

Postage	\$ <i>4.75</i>
Certified Fee	<i>1.20</i>
Return Receipt Fee (Endorsement Required)	<i>1.20</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<i>8.15</i>



Name (Please Print) **Aalco Wrecking & Supply Co.**
 Street, Apt **Mr. Myron Hochman**
1700 N. Lindbergh Blvd.
 City, State **St. Louis, MO 63132**

PS Form 3811

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Aalco Wrecking & Supply Co.
Mr. Myron Hochman
1700 N. Lindbergh Blvd.
St. Louis, MO 63132

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Betty Wilson* B. Date of Delivery *10-7*

C. Signature

X Betty Wilson

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 34000009591 9799

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike SR 65

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	8.80

Postmark: CHICAGO 12th LOOP STA
OCT 4 2002
USPO

Name (Print): ALTON & SOUTHERN RAILROAD
 Street, Address: DONALD CHAMBLISS
1000 SOUTH 22ND STREET
 City, State, Zip: EAST ST. LOUIS, MO 62207-1943

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>10-07-02</u></p> <p>C. Signature <u>x D. C. Williams</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>ALTON & SOUTHERN RAILROAD DONALD CHAMBLISS 1000 SOUTH 22ND STREET EAST ST. LOUIS, MO 62207-1943</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label) <u>7099 3400000 9591 9911</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: more SR 45

Postage	\$ <u>4.75</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.15</u>
Restricted Delivery Fee (Endorsement Required)	<u>8.50</u>
Total Price	<u>16.70</u>

CHICAGO IL LOOP STA
 OCT 4 2002
 USPO

Name (F) ALTON & SOUTHERN RAILROAD
 Street, A MR. JAMES HESSE
 City, State 1000 SOUTH 22ND STREET
EAST ST. LOUIS, MO 62207-1943

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>10-07-02</u></p> <p>C. Signature <u>x D.C. Wilton</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p><u>ALTON & SOUTHERN RAILROAD</u> <u>MR. JAMES HESSE</u> <u>1000 SOUTH 22ND STREET</u> <u>EAST ST. LOUIS, MO 62207-1943</u></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><u>7099 3400 0000 9591 9881</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7099 3400 0000 9591 5234

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mele

SR 6 J

Postage	\$ 4.15
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Post	8.80



Name (Please Print) CAHOKIA TRUST PROPERTIES
Street, Apt 135 NORTH MERAMEC AVE
City, State, ST. LOUIS MO 63105

PS Form 3800, July 1999

See Reverse for Instructions

7099 3400 0000 9591 5500

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

me

SR65

Postage

\$6.85

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$10.90



Name (Please Print)

DOW CHEMICAL COMPANY

Street, Apt

2301 NORTH BRAZOSPORT BLVD.

City, State, Zip

FREEPORT, TX 77541

PS Form 38

Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

MIKE

SR 65

Postage

\$4.75

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

8.80

Total Po

Name (Ple.

THOMAS D LUPO

Street, Apt

c/o SEYFARTH SHAW, SUITE 4200

City, State

55 EAST MONROE

CHICAGO IL 60603-5803



7099 3400 0000 9591 6224

7099 3400 0000 9591 6378

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: *Kapoti* *Delivery complete*

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.80
Total Postage &	

Name (Please Print) **ONYX WASTE SERVICES, INC.**
 Street, Apt. No., & **CT CORPORATION SYSTEMS**
208 S LA SALLE STREET
 City, State, ZIP+4 **CHICAGO, ILLINOIS 60604-1136**

PS Form 3800, July 1999 See Reverse for Instructions

CHICAGO IL LOOP STA
4
2002
USPO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete item 1. Also complete item 4 if Restricted Delivery is required.</p> <p>■ Print your name and address so that we can return this card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>ONYX WASTE SERVICES, IN C. CT CORPORATION SYSTEMS 208 S LA SALLE STREET CHICAGO, ILLINOIS 60604-1136</p> <p>2. Article Number (Copy from service label) <i>7099 3400 0000 9591 6378</i></p>	<p>A. Received by (Please print name) <i>TON SYSTEMS</i> Date of Delivery <i>11/15/01</i></p> <p>C. Signature <i>alle Street</i> <i>NOIS 60604</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

mail

SR 65

Postage \$ 4.75

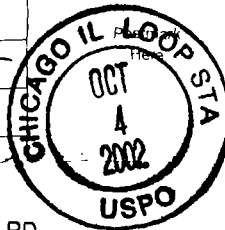
Certified Fee 2.30

Return Receipt Fee
(Endorsement Required) 1.75

Restricted Delivery Fee
(Endorsement Required)

Total Post

8.80



Name (Please Print) VILLAGE OF SAUGET
Street, Apartment or PO Box 2897 FALLING SPRINGS RD
City, State and ZIP+4 SAUGET ILL 62206

PS Form 3800

Instructions

7099 3400 0000 9597 6255

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Mike 512 65

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.80
Total Postage	

UNION ELECTRIC COMPANY
 c/o SUSAN KNOWLES, ESQ
 AMEREN COMPANY
 P O BOX 66149
 ST LOUIS MO 63166

CHICAGO IL LOOP STA
 OCT 4 2002
 USPO

PS Form 3800, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>UNION ELECTRIC COMPANY c/o SUSAN KNOWLES, ESQ AMEREN COMPANY P O BOX 66149 ST LOUIS MO 63166</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p>7099 3400 0000 9591 6786</p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

Article Sent To: Mike SR 65

Postage	\$ 4.75
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<u>8.80</u>

Postmark Here
 CHICAGO ILL. LOOP SIA
 OCT 4 2002
 USPO

Name (Please) WIESE PLANNING & ENGINEERING
 Street, Apt. No. 1200 QUEENY AVENUE
 City, State, Zip SAUGET, IL 62206

PS Form 3800, July 1999

SENDER, COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <u>Sandy Deuber</u> B. Date of Delivery <u>10-7</u></p>	
<p>1. Article Addressed to:</p> <p>WIESE PLANNING & ENGINEERING 1200 QUEENY AVENUE SAUGET, IL 62206</p>		<p>C. Signature <u>x Sandy Deuber</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label) <u>7099 3400 0000 9591 6347</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CARGILL INC *WALNUT GROVE PROD.*
 P O BOX 682
 EAST ST. LOUIS IL 62202
OT Corp Reg. Agent.
WARREN STALEY, PRES.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0000 9541 5265

PS Form 3811, July 1999 *SL-6J* Domestic Return Receipt

102595-99-M-1789 *Exempt*